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Application Data Sheet 37 CFR 1			CED 1 76	Attorney Docket Number Application Number			KUP-	11	
			CI K 1.70						
Title of	f Invention	Preventive an	d Therapeutic	Agent for (Chronic Obstr	uctive Pu	lmonary	y Disease	
bibliogra This do	aphic data arrar cument may be	nged in a format sp	ecified by the Uronically and su	Jnited States Ibmitted to th	Patent and Tra	demark O	ffice as o	bmitted. The following form contains butlined in 37 CFR 1.76. ng the Electronic Filing System (EF	
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Applic	ant Author	ity Inventor	◯Legal Re	epresentativ	e under 35 l	J.S.C. 11	7 (Party of Interest under 35 U.S	.C. 118
Prefix	Given Na	ne		Middle Na	me		Famil	ly Name	Suffix
	Junji						Yodoi	i	
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City	Kyoto		Cour	ntry Of Re	sidencei	JP			
Citize	nship unde	37 CFR 1.41(b) i JP						
Mailin	g Address (of Applicant:	•						
Addre	ss 1	39 Kitas	hirakawa, Nis	hisenouchi-	cho, Sakyo-k	(u			
Addre	ss 2	Kyoto-S	hi						
City	Kyoto	<u>'</u>			State	e/Provin	ice		
Postal	Code	606-825	i5		Country	JP			
Applic	ant 2	'						Remove	
		ity <a>• Inventor	◯Legal Re	epresentativ	e under 35 l	J.S.C. 11	7 (Party of Interest under 35 U.S	i.C. 118
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Citize	nship unde	37 CFR 1.41(b) i JP						
Mailin	g Address (of Applicant:	'						
Address 1 8-9 Tsutsumishita-				o, Nishikyog	oku, Ukyo-Kı	J			
Addre	ss 2	Kyoto-S	hi						
City	Kyoto	'			State	e/Provin	ice		
Postal	Code	615-083	35		Country	JP			
Applic	ant 3					<u> </u>		Remove	
		ity inventor	◯Legal Re	epresentativ	e under 35 l	J.S.C. 11	7 (Party of Interest under 35 U.S	.C. 118
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Application Data Sheet 37 CFF			eet 37 CFR	1.76	1.76 Attorney Docket Number			KUP-11					
				Applicati		ation I	Number						
Title of Inv	Title of Invention Preventive and Therapeutic Agent for Chronic Obstructive Pulmonary Disease												
Citizenshi	Citizenship under 37 CFR 1.41(b) i JP												
Mailing Address of Applicant:													
Address 1 2-6-3 Kuzuhanamiki, Hirakata-Shi													
Address 2	Address 2												
City	Osaka	•					Sta	te/Provii	nce	JP			
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Application Information:													
Title of the	e Invent	ion	Preventive a	and The	rapeutic .	Agent f	or Chr	onic Obst	ructive Pu	ulmonary I	Disease		
Attorney [Oocket N	Numbe	r KUP-11				S	mall En	tity Stat	us Claim	ned 🗸		
Application	n Type		Nonprovisio	nal									
Subject M	atter		Utility										
Suggested	d Class	(if any)					Sub Class (if any)					
Suggested	d Techn	ology	Center (if any	')						•			
Total Num	ber of [rawin	g Sheets (if a	ny)	5 Suggested			d Figure for Publication (if any)					
Publicatio	n Inforn	nation											'
Request Early Publication (Fee required at time of Request 37 CFR 1.219)													
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.													
Representative Information: Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.													
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Application Da	ta Sheet 37 CFR 1.76	Attorney Docket Number	KUP-11
Application Bu	ta officer or or it i.ro	Application Number	
Title of Invention	Preventive and Therapeutic A	Agent for Chronic Obstructive Pu	ulmonary Disease
Customer Number	020808		

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a) (4), and need not otherwise be made part of the specification.

` ''	' '							
Prior Application Status	Pending		Remove					
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)					
	a 371 of international	PCT/JP2005/002388	2005-02-09					
Additional Domestic Priority Data may be generated within this form by selecting the Add button.								

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

		Re	move					
Application Number	Country i	Parent Filing Date (YYYY-MM-DD)	Priority Claimed					
2004-346572	JP	2004-02-13	Yes ○ No					
Additional Foreign Priority Data may be generated within this form by selecting the Add button.								

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office. Remove Assignee 1 If the Assignee is an Organization check here. $\overline{}$ Organization Name Redox Bioscience, Inc. **Mailing Address Information:** Address 1 Ebisu Build. 3F, 82 Shimotsutsumi-cho, Address 2 Kawabata-Dori, Marutamachikudaru, Sakyo-Ku, City **Kyoto** State/Province Country i Postal Code 606-8396 Phone Number Fax Number **Email Address** Additional Assignee Data may be generated within this form by selecting the Add Add button.

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

PTO/SB/14 (08-05) Approved for use through 07/31/2006. OMB 0651-0032

53791

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Registration Number

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Application Data Sheet 37 CFR 1.76			Attorney Docket Number					
			Application Number					
Title of Invention Preventive and Therapeutic A			Agent for Chronic Obstructive Pu	ulmonary Disease				
Signature //mw #53791/				Date (YYYY-MM-DD)	2006-08-11			

Wood

Last Name

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

First Name

Lynda M.

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